



HONORARY FELLOWSHIPS in the American College of Surgeons were presented during Convocation ceremonies last night to four distinguished surgeons from four different countries—Republic of Panama; Glasgow, Scotland; Essen, West Germany; and Gothenburg, Sweden.

In photo 1, above, Honorary Fellow Antonio Gonzalez-Revilla, MD, FACS, right, from Panama, talks with Julio Wong, MD, FACS, College Governor also from Panama. Dr. Gonzalez-Revilla, who was presented by William F. Meacham, MD, FACS, is presently chairman of the neurological surgery department at the Hospital Sano Tomas, and chief of neurological surgery at the Hospital del Nino.

In the second photo, Sir Andrew Watt Kay, FRCS(Edin, Eng, Glas), FRACS (Hon), Honorary Fellow from Glasgow, center, visits with William H. Muller, Jr., MD, FACS, left, and William R. Drucker, MD, FACS. Sir Andrew, besides being Regius professor of surgery and department head at the University of Glasgow,

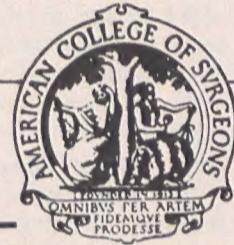
is president of the Royal College of Physicians and Surgeons of Glasgow. At the ceremonies, he was presented by Walter C. MacKenzie, MD, FACS.

In photo 3, Prof. Gerd R. E. Meyer-Schwickerath, MD, of Essen, West Germany, left and his wife, Berta, carry on a conversation with P. Robb McDonald, MD, FACS, who presented Dr. Meyer-Schwickerath to the Fellows Thursday night. Dr. Meyer-Schwickerath is university professor at the University Eye Clinic in Essen.

In the last photo, Lars-Erik Gelin, MD, right, chats with William H. Muller, Jr., MD, FACS, before reading his paper during the Papers session yesterday. Dr. Gelin, of Gothenburg, is currently professor and department head of surgery at the University in Gothenburg, and head of the surgery department at Sahlgrenska Hospital. During the Convocation ceremony, Dr. Gelin was presented by Jonathan E. Rhoads, MD, FACS.

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59TH ANNUAL CLINICAL CONGRESS OF
THE AMERICAN COLLEGE OF SURGEONS

FRIDAY, OCTOBER 19, 1973

George W. Stephenson receives 1973 Distinguished Service Award

George W. Stephenson, MD, FACS, assistant director, Fellowship Department of the American College of Surgeons, received the 1973 Distinguished Service Award of the College yesterday afternoon. The award was presented by the College President William P. Longmire, Jr., at the annual meeting of the Fellows.

Dr. Stephenson, who joined the staff of the College August 1, 1950, received the award for "outstanding dedication" and "devoted service" in all activities of the College.

The award cited six outstanding contributions, including Dr. Stephenson's "untiring assistance to members of the Board of Regents, Officers, Chapters,

Committees, Staff and all duly constituted segments of the College for two decades, thereby reflecting credit not only on himself but on the College he serves".

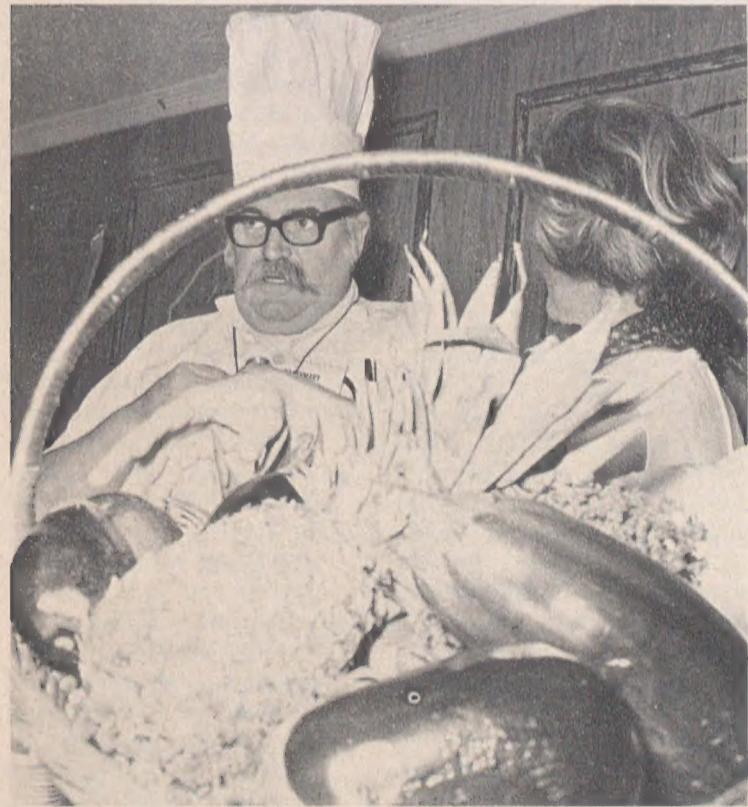


DR. STEPHENSON

Dr. Stephenson was born in Minneapolis, May 4, 1902, and received his Bachelor of Science degree from Swarthmore College in June, 1924. He received his MD degree from the University of Pennsylvania Medical School in June, 1928, and his Master of Science in Surgery from the University of Minnesota Medical School in July, 1932.

He served his internship at Geisinger Hospital, Danville, Pa., and his residencies in surgery at the Mayo Clinic and the University of Minnesota. From 1940 to 1950, except for three years he served in the Army Medical Corps, Dr. Stephenson held hospital appointments at Brokaw Hospital, Normal, Ill., and the Mennonite Hospital, Bloomington, Ill.

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CHEF LOUIS I. SZATHMARY II, owner of one of Chicago's most popular restaurants, The Bakery, is framed by a basket of fruits and vegetables while speaking to a capacity crowd of women Wednesday afternoon at the Conrad Hilton. Chef Louis entertained the women with ideas about food preparation and helpful hints for setting out a more attractive meal.

Welch: recertification, relicensure may be law within ten years

Within the next decade, a physician will be required to be relicensed to practice medicine and to be recertified as a specialist, the new President of the American College of Surgeons predicted Thursday night.

Dr. Claude E. Welch of Boston said this was his own opinion and not that of the College, which has not yet taken an official position on whether it favors these procedures.

Relicensure and recertification "certainly are not pleasing to the practicing surgeon, who visualizes another noose around his neck and further depletion of his rare hours of leisure", said Dr. Welch. "It is not a pleasant prospect for the young physician, whose admission to medical school essentially guaranteed graduation, often without marks or examinations. Nor is it complimentary to the medical profession to receive this essentially unique criticism. But there is overwhelming evidence that this will occur. 'In the vernacular, it is a new ball game', Dr. Welch declared.

The American Board of Medical Specialties urged last



DR. WELCH

March the voluntary periodic recertification of medical specialties, and it is likely that "real teeth" will be inserted in its recommendations when the words "voluntary" and "certification" are replaced by "involuntary" and "licensure", said Dr. Welch.

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THE COMMITTEE ON TRAUMA of the American College of Surgeons held its annual dinner Monday evening, where the guest of honor was J. D. Farrington, MD, FACS, recipient of the 1973 National Safety Council Surgeon's Award. Pictured above at one of the head tables, starting with Dr. Farrington at 6 o'clock and running clockwise, are: Dr. then Mrs. Farrington; Charles V. Heck, MD, FACS, executive director of the American Academy of Orthopaedic Surgeons; Mr. Paul Hill, safety council staff member; Mrs. Hill; Oscar P. Hampton, Jr., MD, FACS, ACS assistant director; and Mrs. Hampton.

What's New in Surgery will summarize research findings

A summation of research works presented during the 59th annual Clinical Congress will be given in a three-hour panel symposium this morning at 9:00 in the Lindheimer Room of McCormick Place, during the "What's New in Surgery" panel.

Richard H. Egdahl, MD, FACS, Boston, will preside as 11 surgeons, distinguished in their fields, discuss many of the surgical developments featured this week. The surgeons and their topics are: Benjamin F. Rush, Jr., MD, FACS, Newark, Shock and Metabolism; William H. Saunders, MD, FACS, Columbus, Ohio, Otorhinolaryngology; Paul A. Ebert, MD, FACS, New York City, Cardio-

thoracic Surgery.

Paul M. Weeks, MD, FACS, St. Louis, Plastic Surgery and Burns; William F. Collins, Jr., MD, FACS, New Haven, Neurological Surgery; Gerald W. Peskin, MD, FACS, San Diego, Gastrointestinal Biliary Conditions; John J. Gartland, MD, FACS, Philadelphia, Orthopaedic Surgery.

Loren J. Humphrey, MD, FACS, Kansas City, Kan., Tumors; James F. Glenn, MD, FACS, Durham, N.C., Urology; David N. Danforth, MD, FACS, Evanston, Ill., Gynecology & Obstetrics; and, Samuel L. Kountz, MD, FACS, Brooklyn, Transplantation.

Cooling injured spinal cord cuts swelling, hemorrhage

Local cooling of the spinal cord that has been injured appears to be beneficial, according to a report on animal research presented Wednesday by a group of investigators from Northwestern University. The effectiveness of the therapy seems directly related to the time it is started and to the area to which it is applied.

"The basic principle is the same as applying an ice pack to a swollen injured eye to decrease the amount of swelling and internal hemorrhage", said Anthony J. Raimondi, MD, FACS, who, with Barth A.

Green, MD and Talat Kahan, PhD, conducted the study. "It has been found that the same factors are present in an injured spinal cord and thereby should benefit in the same fashion.

"Another favorable factor would be the decreased metabolic requirement that the injured tissues would have under a lower temperature".

The clinical application of the treatment in spinal cord injuries, which affect 10,000 Americans a year, is still an unsolved question, but a solution may lie close at hand, the authors said. "We are now in the final stages of developing a microtubular implantable closed system to deliver the hypothermia in a circumferential manner for optimum therapeutic benefits", they reported.

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Registration facts & figures

As of 5:00 pm Thursday
Doctors 9,848
Ladies 3,077
Exhibitors 2,327
Visitors 812
Press and staff 401
Total 16,465

Heart attack

Two hours limit in saving muscle

If a patient comes to the hospital with an impending heart attack, surgeons have two hours to preserve the heart muscle with a venous bypass operation, according to a study on animals and humans presented yesterday. If the revascularization is done in from two to eight hours, 50 to 60 percent of any segment of the heart muscle that would otherwise have died can be saved.

"To date, it has been very difficult to assess the exact timing involved in an evolving infarct (degeneration)", said Hooshang Bolooki, MD, FRCS(C), FACS, of the University of Miami School of Medicine. "Our study, which evaluates eight patients and 16 dogs in whom the revascularization procedure was done at various intervals after occlusion of the coronary artery, indicates the interval is no longer than two hours.

"While this research work attempts to correlate the clinical and experimental studies simultaneously, the results of the two are comparable only to an extent simply because of difficulty of development of atherosclerosis in the dogs.

"Comparison of the results by pre- and postoperative angiograms in the patients with those who did not receive myocardial revascularization or had an occluded bypass graft indicates a decrease in the size of infarct with a satisfactory cardiac function and confirms the experimental results", he concluded.

Other investigators were Reza R. Golkar, MD; Azorides Morales, MD; and Gerard A. Kaiser, MD, FACS.



PREPARING FOR THE CONVOCATION CEREMONY are Gladys Beddoe of Omaha, top, and Richard L. Fein of Miami. Dr. Beddoe, an otolaryngologist, gets an assist from the photographer before having a formal portrait taken in McCormick Place. Dr. Fein's wife, Sandra, checks the fit of his gown in the Hilton Astoria Room where caps and gowns are distributed. Dr. Fein is a urologist.



AT THE OTHER HEAD TABLE, also at the CoT dinner, and again starting at 6 and running clockwise: Ormond Culp, MD, FACS, vice chairman of the Committee on Trauma; Ms. Kay Hough, ACS staff member; Curtis P. Artz, MD, FACS, chairman of CoT; Mrs. Artz; Howard Pyle, retiring president of NSC; Mrs. Pyle; and committee member Sawnie Gaston, MD, FACS, and Mrs. Gaston.



MEMBERS OF THE PANEL FOR YOUNG SURGEONS meet the press Wednesday to answer questions about the policies and workings of the American College of Surgeons. Attending the press conference, from left, are William P. Longmire, Jr., College President; George R. Dunlop, member of the Board of Regents; J. Englebert Dunphy, Chairman of the Board of Regents; C. Rollins Hanlon, College Director; Claude E. Welch, President-elect; and Eric W. Fonkalsrud, moderator of the panel discussion for young surgeons held Thursday morning. See related story on page 3.

Stephenson

Continued from page 1

During his tenure with the College, Dr. Stephenson has written numerous articles and monographs on graduate training in surgery and on the advancement of surgical education.

One monograph, entitled "The American College of Surgeons and Graduate Education . . . A Chronicle of Surgical Advancement", was published as a special issue of the ACS BULLETIN in May, 1971. It recounted the story of a half century of organized effort to establish quality standards in the practice of surgery, particularly through the promotion of rigorous graduate education, and paid tribute to the effective collaboration of other organizations and the various surgical specialty boards.

"Fellowship in the College", Dr. Stephenson once said, "means much more than just good training. It includes a continuing interest in learning and applying the best methods of surgical care, and a very sincere interest in the ethical practice of medicine . . . Faulty practice must be guarded against, and ruthlessly exposed by the profession in the interest of the patient".

Before presenting the Distinguished Service Award and reading the Citation, Dr. Longmire paid tribute to Dr. Stephenson for his long and dedicated service in surgery and to the American College of Surgeons.

Dr. Longmire then read the Citation, which said that the Board of Regents of the College

confers its highest honor, the Distinguished Service Award of 1973, on George Willoughby Stephenson:

"For devoted service in every facet of the activities of this College, including especially

"His contribution to the concept of collaboration with selected specialties, notably the development of tripartite committees to review residencies, with judicious consideration of the needs of students from abroad.

"His role in expanding the scope of the Conference Committee on Graduate Education to achieve more fully the purposes of this College.

"His guidance and leadership of many Credentials Committees, thereby improving the level of professional competence and ethical conduct of the Fellowship.

"His wise representation of the College and its membership, not only in areas of established College policy but also in more difficult areas where policy is evolving.

"His untiring assistance to members of the Board of Regents, Officers, Chapters, Committees, Staff and all duly constituted segments of the College for two decades, thereby reflecting credit not only on himself but on the College he serves".



CINDY LONGMIRE greets Eric Fonkalsrud, MD, FACS, at her father's President's Reception Wednesday evening at the Conrad Hilton. Dr. and Mrs. William P. Longmire, Jr., and their daughter, Sally, talk with Claude E. Welch. Dr. Welch succeeded Dr. Longmire in the office of College President in the Convocation ceremony Thursday evening.

Panel for young surgeons one way to closer contact

The younger generation of surgeons will have to bear the brunt of the issues for which the College is now attempting to find solutions. For this reason the College has opened its doors wide to afford close contact and a constant exchange of information on these issues between young surgeons and College officers and staff.

With this introduction, Eric W. Fonkalsrud, MD, FACS, Los Angeles, set the tone for a panel discussion for young surgeons, specifically designed to acquaint them with College activities in respect to contemporary issues affecting surgery. The panel was held yesterday at McCormick Place.

After William P. Longmire, Jr., MD, FACS, College President, had outlined the structure and function of the College, C. Rollins Hanlon, MD, FACS, Director of the College, spoke on recent developments in professional liability. "College concepts on peer review" was the topic discussed by J. Englebert Dunphy, MD, FACS, Chairman of the Board of Regents, who was followed with a presentation on "College views regarding compensation and fees for delivery of surgical care" by George R. Dunlop, MD, FACS, vice-chairman of the Board. Claude E. Welch, MD, FACS, president-elect, concluded the formal presentations with a review of current College views regarding recertification and re-examination. Dr. Fonkalsrud, who chairs the Committee for the Study of Relationships with Young Surgeons, was the moderator.

Much of the lively discussion between audience and panel centered on the question of recertification and re licensure—a question on which the College as yet has taken no official position, but which was reviewed in detail by Dr. Welch in his presidential address last evening.

On the issue of fees, Dr. Dunlop remarked that the era of a one-to-one relationship between surgeon and patient will be phased out rapidly, and that surgeons must now work within a system in which financial relationships are determined by government, third-party payors,

the profession, and the public. At this time, Dr. Dunphy indicated, the College's role in respect to fees is to establish a data base to support any position the College might take on this issue.

The data base on this issue and others is now being developed by the ACS Study on Surgical Services for the United States (SOSSUS), Dr. Hanlon pointed out. The problem will be, he said, how to translate these data into effective action. He illustrated this point by referring to the question of surgical manpower. If the study pinpoints certain regions in the country as "stop areas" (characterized by a surplus of surgeons), and others as "go areas" (lacking an adequate number of surgeons), modifying career preferences to achieve a reasonable balance in the distribution of surgical services will pose a difficult task.

On the question of peer review, Dr. Dunphy asserted that he was in favor of peer review in principle, but that he preferred peer review on the local and individual level as now practiced in numerous university centers, clinics, and community hospitals. Peer review administered by a governmental bureaucracy (as envisioned by PSRO) would endanger quality of surgical service and center too one-sidedly on the cost control.

Hernia repair on TV today

The last of a series of televised operations will be performed this morning at 10:30. At that time John M. Moran, MD, FACS, Maywood, will perform a hiatus hernia repair—trans-thoracic at Loyola University Foster G. McGaw Hospital in Maywood. The program can be viewed from the Chicago Room

Light beam may be better way to cure cataract

Progress in a non-surgical method of destroying cataracts by using a LASER was reported yesterday by Ronald A. Schachar, MD, of the University of Chicago Eye Research Laboratories.

"It would be very useful to have a method to minimize the surgical risk of removing a cataractous lens from the eye", he said. "The use of an intense light beam at first seems untenable because the lens is transparent or reflects radiation. However, by injecting a dye such as black india ink into the lens, it becomes able to absorb the radiation".

Black india ink was injected to produce mature cataracts in rabbits. The lenses, exposed to light of a laser, were charred. It was then decided to proceed further to try to vaporize the cataractous lens with a high-energy pulsed laser without damaging the eye.

In order to avoid the need for injecting a dye into the lens, Dr. Schachar and his associate, David A. Dingee, PhD, are presently constructing a laser with a wavelength that will be absorbed by the lens.

Nine motion pics scheduled

The concluding segment of the Motion Picture Exhibition is held today in the McMahan Theatre of McCormick Place at 8:30 am. The session concerns general surgery and is presided over by Arthur E. Baue, MD, FACS, St. Louis.

A panel consisting of three surgeons—John D. Palmer, MD, FRCS(C), FACS, Montreal; John Leo Madden, MD, FACS, New York City; and J. Lynwood Herrington, Jr., MD, FACS, Nashville—will discuss the nine films coordinated by Lawrence G. Hampson, MD, FRCS(C), FACS, Montreal. Included in the program is Reversed gastric tube esophagoplasty with stapling technique, by Henry J. Meimlich, MD, FACS, Cincinnati; and, Use of a reversed intestinal segment in the short bowel syndrome in conjunction with resection for recurrent regional enteritis, by LeRoy H. Stahlgren, MD, FACS, Philadelphia.

Another of the films is Laparotomy for the staging of Hodgkin's disease, by Robert I. Mitchell, MD, FRCS(C), FACS, Toronto.

A thyroid operation performed Thursday was videotaped and will be rerun at 8:30 am in the Chicago Room.

McLaughlin president-elect; Colcock and Gaisford VP's

Charles W. McLaughlin, Jr., MD, FACS, of Omaha, Nebraska was chosen President-elect of the American College of Surgeons at the annual meeting of Fellows Thursday afternoon in McCormick Place.

Two other officers-elect of the College were also elected: Bentley P. Colcock, MD, FACS, Worcester, Mass., was selected first vice president-elect, and John C. Gaisford, MD, FACS, Pittsburgh, second vice president-elect.

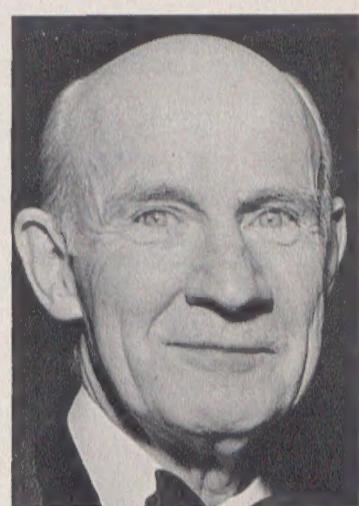
All will take office at the 1974 Clinical Congress of the College in Miami Beach next October.

The new officers-elect were nominated by the 1973 Nominating Committee of Fellows, and elected by Fellows of the College during the Thursday annual meeting.

Dr. McLaughlin is professor of surgery at the University of Nebraska College of Medicine in Omaha. He served as chairman of the ACS Board of Governors from 1967 to 1969, and on its Board of Regents since 1969. A graduate of Washington University School of Medicine in St. Louis, Dr. McLaughlin became a Fellow in 1937.

Dr. Colcock, who served as chairman of the ACS Board of Governors since 1971, recently

Breast cancer



DR. McLAUGHLIN

retired from private practice at Boston's Lahey Clinic.

Dr. Gaisford is chief of the division of surgery at Western Pennsylvania Hospital in Pittsburgh.

Drug or vaccine after surgery adds to animal survival time

Animals given the immunotherapy drug BCG and/or a tumor vaccine following surgery lived much longer with breast cancer than animals treated by surgery alone, or not treated, according to a report presented yesterday by a group from the University of California at Los Angeles.

Surgery alone prolonged the median survival time from 61 days to 85 days but resulted in no survivors beyond day 111. Neither BCG nor the drug 5FU, without surgery, increased survival beyond untreated controls. However, postoperative chemotherapy with 5FU, pre- and postoperative immunotherapy with BCG, and postoperative immunotherapy with BCG and a tumor cell vaccine all increased the median survival time and resulted in survivors

beyond 225 days.

"Women with breast cancer often die from the cancer cells that had spread but were undetectable at the time of the operation. Adjuvant postoperative chemotherapy has not significantly increased survival", said Frank C. Sparks, MD. "This animal tumor model, a transplantable mammary adenocarcinoma in rats, stimulates human breast cancer in that it spontaneously metastasizes to the lungs and liver.

"This experiment suggests that controlled clinical trials of adjuvant immunochemotherapy are warranted to determine if this approach will increase the survival time in human breast cancer".

Associated in the study were Theodore X. O'Connell, MD and Yeu-Tsu N. Lee, FACS.



FOR THE FIRST TIME the Pre- and Postoperative Care Committee of the American College of Surgeons sponsored a panel discussion during the Congress. Stanley J. Dudrick, MD, FACS, moderated. Panelists, l to r, included Henry Thoms Randall, MD, FACS; Robert M. Winters, MD, and Belding H. Scribner, MD. The discussion, on surgical nutrition, was held Wednesday afternoon.



A GROUP OF SURGEONS FROM THE PHILLIPINES attending the Congress traveled to Chicago with the help of Antonio C. Oposa, MD, FACS, president of the Philippine College of Surgeons, who made the arrangements. Relaxing after a full day of meetings and lectures at the International Guest Reception Monday night are, from left, Jose L. Galanz, Jr., Richard M. Tiogco, Ponciano D. Manalo, Dr. Oposa, Hector Lopez, Antonio O. Cabral, and Melquiades A. Bravo.

Electricity may cut pre-op pain

Patients suffering acute pain from surgery or injury have been benefited by electrical stimulation, according to a paper presented yesterday by a group from St. Louis Park Medical Center and the University of Minnesota.

Alan C. Hymes, MD, said skin electrodes were placed near the area of surgical incision and a pulsating current was applied through a device that was powered by three standard flashlight batteries. A total of 122 patients were treated, 43 for chest surgery, and 79 for abdominal operations, Dr. Hymes said.

To obtain a comparison, hos-

pital records of patients undergoing similar types of surgery by the same surgeons were reviewed. Patients treated with electrical current had far fewer complications. "For example", said Dr. Hymes, "patients who had chest surgery and were treated had a 13 percent incidence of lung complications compared to a 50 percent complication rate of untreated patients. In those treated following abdominal surgery, no instance of a prolonged paralysis of the bowel function was seen whereas 13 percent of the untreated patients had this complication. Furthermore, only 3 percent of the treated patients developed lung complications

compared to a rate of 31 percent in the untreated".

The reduction in complications led to an average reduced stay in the intensive care unit of 1.3 days for chest surgery and one day for patients undergoing abdominal surgery.

In another study, 15 of 20 patients who had prolonged paralysis of the bowel and could not be relieved by conventional methods were benefited in the first 24 hours of electrical stimulation and the rest within two to three days.

Associated in the study are D. E. Raab, MD; E. G. Yonehiro, MD; G.D. Nelson, MD; and A. L. Prinny, RN.

108 attend Congress

Science writers interpret for public

A total of 108 scientific writers and reporters have registered for this year's Clinical Congress as of noon yesterday. The College's information staff scheduled, in advance, nearly 40 interviews between program participants and the press in conference style, and fulfilled numerous requests for individual interviews.

The list of scientific and lay publications represented includes International Medical News, Ob-Gyn Observer, Hospital Topics, Boston Globe, Hospital Practice, Yorke Medical Journals, Surgical Business, and Medical Post.

Also, Medical World News, McGraw-Hill, Medical Meetings, The Philadelphia Inquirer, Hospitals—Journals of the American Hospital Association, The Dayton News, The Palm Beach Post, United Press International - Television, Hospital—Medical Tribune, Contemporary Surgery, Journal of

American Medical Association, Metro Radio News, Chicago Tribune, and The Chicago Daily Defender.

Also, National Enquirer, The Korea Times, The Clarion, AORN Journal, Update Publications Inc., The Wall Street Journal, Academic Press Inc., The Transponder, JAMA Medical News, Associated Press, Medical Products (slm), Surgical Team, Hospital Tribune, OR Reporter, Yorke Medical Group, Los Angeles Times, The Hospital Medical Staff, Surgical Congress News, Bulletin-American Academy of Orthopaedic Surgeons, Chicago Today, Surgical Advances, Hearst News Service, and The Milwaukee Journal.

Also, The Chicago Sun-Times, Internist Observer, Selecta-Verlag, National Police Today, The Chicago Daily News, American Medical News, RN Magazine, Emergency Medicine,

American Journal of Surgery, Hospital Physician, National Observer, Academy Communications, Surgical Communications, Draugas, Hospital Topics, Gralla Publications, Surgical Medicine, Modern Hospital, Modern Medicine, and Surgery Update and Medical Group News.

#10

Program change for PG course

Two persons affiliated with the fourth session of Postgraduate Course #10—Breast Cancer will not be able to appear on today's program.

A. Hamblin Letton will be replaced as moderator by Laman A. Gray, MD, FACS.

Dr. Gray, in addition to substituting for Dr. Letton, will then read his own paper, as scheduled in the program, and later will read the paper by Dr. William M. Markel, "The Reach to recovery program of the American Cancer Society".

First Eskimo MD attends Congress

Noah Carpenter, the first Eskimo to obtain a degree in medicine, was in attendance at this year's Congress. A graduate in medicine from the University of Manitoba, Dr. Carpenter is currently a resident in surgery at the University of Alberta.



PANEL OF EDITORS, each representing various medical and surgical journals, answers questions from participants in Course on scientific communication. Editors are (l to r): Robert Moser, MD, new editor-in-chief of the *Journal of the American Medical Association*; Jonathan E. Rhoads, MD, FACS; Robert Zeppa, MD, FACS; Walter F. Ballinger, MD, FACS; Lloyd M. Nyhus, MD, FACS; and Lyman A. Brewer III, MD, FACS. Dr. Lois DeBakey (at podium, far right), chairman of the course, relays questions from the floor to panel.

Welch

Continued from page 1

"At the present time", he continued, "recertification can be regarded as a merit badge—a nice decoration to wear—but of no significance. In the future, if relicensure is based on recertification, it could become a matter of economic life or death".

There are several ways recertification can be accomplished. The first and easiest would be a simple reexamination by computer every 5 to 10 years. The penalties for the 10 to 20 percent that might be expected to fail would vary from mild to severe, perhaps from a warning to required attendance at post-graduate courses to exclusion from practice until a further examination is passed.

"It is obvious that this method could be cruel to the individual and catastrophic to the community in which he practices", said Dr. Welch. "Nevertheless, this method, because of its facility, is the most likely to be chosen".

A second method of recertification would be individual participation in a variety of educational activities, including attendance at clinical congresses, meetings of other specialty societies, or participation in various academic pursuits.

A third method would be a peer review system in which a surgeon's record would be considered as the basis of recertification. "Undoubtedly deficiencies in practice would be found", said Dr. Welch. "Some

surgeons have changed to become general practitioners, with insufficient surgical experience to maintain their skills. A few may be entangled in problems of ethics. In general, however, it is likely that few black sheep will be found among our members".

The third method, affirming that "nothing succeeds like success", avoids the valid criticism that a good mark on an examination does not equate with surgical ability, said Dr. Welch.

He recommended that the College approve multiple pathways to recertification but that its strong support be given to the third method, which he called "outcome evaluation".

For relicensure, Dr. Welch proposed a professional accrediting institution submit names of candidates to the state who would accept them subject to eliminating those few who ran counter to other civil laws.

Benefits to the public of recertification and relicensure would be well-trained physicians who continuously renew their knowledge. However, the public should be willing to offer incentives to doctors to improve themselves, said Dr. Welch. The MD who has never aspired to certification or failed the test would not lose his rights as a doctor of medicine, but would be paid only a basic fee. Those who are certified, licensed and relicensed should be recognized by an increased financial return for their services, he said.

Ciné Clinic authors accept recognition from film-maker

At a luncheon meeting of the ACS Motion Picture Committee Bentley P. Colcock, MD, FACS, chairman of the ACS Board of Governors, accepted a plaque on behalf of all 1973 Ciné Clinic authors. The award was presented by Charles Riall (left, below) of Davis & Geck—the Ciné Clinic producer.

In presenting the plaque, Mr. Riall thanked each of the surgeons for their contributions to this teaching program. He pointed out that the skill and care exerted by the Motion Picture Committee is well demonstrated by the continuing

popularity of the more than 400 films made since the program's beginning, in 1950.

Dr. Colcock expressed his gratitude to Davis & Geck for their cooperative efforts in the production and distribution of these films. He stated that the Ciné Clinic and the ACS Film Library were invaluable tools in the education of surgeons, residents and OR nurses.

Dr. John M. Beal also received acknowledgement upon his retirement from the committee after serving as its chairman for 7 years.

